



AF 90

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application No.	10/815,347	
	Filing Date	March 31, 2004	
	First Named Inventor	Maresh U. Wagh	
	Art Unit	2181	
	Examiner Name	Richard B. Franklin	
Total Number of Pages in This Submission	4	Attorney Docket Number	42P18578

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

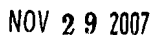
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	11/21/07

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Lori A. Ciccio		
Signature		Date	11/21/07



Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)	510.00
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Complete if Known

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Filing Date	March 31, 2004
First Named Inventor	Mahesh U. Wagh
Examiner Name	Richard B. Franklin
Art Unit	2181
Attorney Docket No.	42P18578

METHOD OF PAYMENT *(check all that apply)*

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

☒ Credit any overpayments

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	17	27* = 0	50.00	\$0.00
Independent Claims	3	4* = 0	210.00	\$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent claim, if not paid
1204	810	2204	405	**Reissue independent claims over original patent
1205	810	2205	405	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below*

SUBTOTAL (1)

(\$)	0.00
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2. ADDITIONAL FEES

	Large Entity	Small Entity
1. REVENUE		
2. ADDITIONAL FEES		
3. EXPENSES		
4. NET INCOME		
5. NET INCOME PER SHARE		
6. FINANCIAL STATEMENTS		
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251		2251		Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,640	2254	820	Extension for reply within fourth month
1255	2,230	2255	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1460		2460		Petitions to the Commissioner
1807		1807		Processing fee under 37 CFR 1.17(q)
1806		1806		Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)	510.00
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SUBMITTED BY

Name (Print/Type) **Jonathan S. Miller**

Registration No.
(Attorney/Agent)

48,534

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Delete (if applicable)

(310) 207-3800

Signature

Date _____

11/24/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450